ARIZONA STATE BOARD OF HEALTH State File No	
7 1. PLACE OF BIRTH	TAL STATISTICS Registered No. 643
STANDARD CERT	IFICATE OF BIRTH
County /WA	State Myona
District or Township or Village O. O. Box 1707 - Miami Ury	
City Many No. 5 Wairy Canon All St. Ward	
(If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make	
2. Full name of child that and supplemental report, as directed.	
3. Sex of Child To be answered ONLY 4. Twin, triplet or other	
male in event of plural births. 5. No., in order of birth 4 of birth Month Day Year	
8. FATHER	14. O MOTHER
Full name Lawador Jona alla	Full maiden name Mercedes Margues
9. Residence (Usual place of abode)	15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Myona.	If non-resident, give place and state. Whoma.
10. Color or race	16. Color or race
Mey. 11. Age at last birthday 6 (Years)	Mey. 17. Age at last birthday 25 (Years)
12. Birthplace (city or place) Jalie Co	18. Birthplace (city or place) Chihuahua
(State or country) / Ml4	(State or country) Mold.
13. Occupation	19. Occupation
\alpha	Nature of Industry //
Nature of Industry Mull	Houseurfe
<u> </u>	e but now dead 0 21. Were precautions taken against oph-
certified and including this child.) (c) Stillborn	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 30	
I hereby certify that I attended the birth of this child, who was the late above stated. (Born glive or willbyn)	
When there was no attending physician or midwife, then the father, bouseholder, etc., should make this return. A stillborn	
child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife.)	
Given name added from a supplement! report. Address Muami, Uruoua	
Month, day, year	
Registrar. Registrar.	
2.79-1108-1149	